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CONFIRMATION NO. 3781

|  |   |                                    |   |  |
|--|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/579,878   | <b>FILING OR 371(c) DATE</b><br>05/18/2006<br><b>RULE</b>   | <b>CLASS</b><br>200                | <b>GROUP ART UNIT</b><br>2832   | <b>ATTORNEY DOCKET NO.</b><br>RAINER ET AL. - 3<br>PCT |
| <b>APPLICANTS</b><br>Josef Rainer, Franking, AUSTRIA;<br>Erwin Bernecker, Hochburg, AUSTRIA;   |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/AT04/00403 11/17/2004 <i>sk UK</i>   |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>AUSTRIA A 1862/2003 11/20/2003<br><i>sk UK</i>   |   |                                    |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/13/2006</b>   |   |                                    |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>AUSTRIA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>3                               |
| Verified and Acknowledged <i>UK</i><br>Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT CLAIMS</b><br>1     |   |  |
| <b>ADDRESS</b><br>25889  |   |                                    |   |  |
| <b>TITLE</b><br>Switch panel having at least one switch  |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |